



EL CAJON POLICE DEPARTMENT'S CITIZEN POLICE ACADEMY APPLICATION

Name: _____ DOB: _____

Driver's License or I.D. #: _____ E-Mail Address: _____

Home Address: _____ City/Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone# _____

Employer _____

Business Address _____ City/Zip _____

Occupation _____

Physical Disabilities/Special Accommodations _____

Are you a member of any civic groups/professional organizations? _____

If YES, please provide the name(s) _____

Have you ever been convicted of a felony? **Y / N** When and what charge _____

Have you ever been convicted of a misdemeanor? **Y / N** When and what charge _____

Why do you wish to attend the Citizen's Police Academy? _____

I _____ authorize the El Cajon Police Department to conduct a background check prior to my acceptance to the Citizen's Police Academy.

Signature

Office Use Only:
MO/SO _____ **ARJIS** _____ **Comments** _____

The application must be dropped off or mailed to the Police Department

Please return completed application by September 1st to:

Amanda Stills, El Cajon Police Department, 100 Civic Center Way, El Cajon CA 92020

You must be 18 years old to participate.

Applications will be accepted in the order received.

All applications received after the first 25 will be placed on a waiting list.

E-mailed applications will not be accepted